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Margaret Feeney
In Their Skin: A Discourse on the
Modern Day Tattoo Experience of
Adults Aged Thirty and Over

ABSTRACT

This qualitative study was undertaken to determine what meaning individuals aged 30 and over with large scale tattoos place upon those tattoos. More specifically, to establish the motivating factors led these individuals to get tattooed, along with the meaning, if any, is placed upon them.

Ten individuals aged 32-64 were interviewed regarding their tattoos. Half of the individuals were tattooed for the first time during adolescence. All individuals were interviewed regarding their motivations for getting tattooed as well as any meanings they place on specific pieces.

The findings of the research showed the driving force behind getting tattooed to be highly personal and varied as the individuals themselves. While the reasons for those who were tattooed as teenagers agreed with findings in the previous literature, the experiences for tattoos acquired after age 30 were as colorful and varied at the individuals themselves.

IN THEIR SKIN:
A DISCOURSE ON THE MODERN DAY TATTOO
EXPERIENCE OF ADULTS AGED THIRTY AND OVER

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Masters of Social Work.

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CHAPTER I

Introduction

In modern society, the decision to get a tattoo has mostly been associated with deviant behavior as noted by Larsen, Patterson and Markham (2014). Tattoos were mostly found on blue collar, working class, punk rockers, prisoner, those in the armed forces, organized crime and bikers (Wohlrab, Stahl and Kappeler, 2006; Swami and Furnham, 2007). However, due to a recent surge in popularity starting in the late 1980s and early 1990s the social make up of those choosing to get tattooed had changed. The increase in the popularity of tattoos has improved the quality of both the artists themselves, many of whom come from a formal art background, and the supplies associated with the process such as ink, pigments, machines and aftercare products (Swami and Furnham, 2007). Mainstream popularity of tattoos, for example in such television programs like *Miami Ink* or *Ink Masters* which, according to Larsen, Patterson & Markham (2014) “serve to sanitize tattooing by populating [the] world with heavily tattooed individuals” (p. 671), however stigma of the tattooed person persists throughout the general population. Impressions of tattoos may be negative in nature, and some authors have even identified these associations. One particular study by Stirn, Hinz and Brahler (2006) note correlations between tattoos and increased anger, psychological stressors and even “possible markers for both suicide and accidental death” (p. 532) due to a correlation between drug users and people with tattoos. Social workers, as part of the general population, are not immune to potential unconscious biases

that may arise when working with an individual who is tattooed. The motivations one has for getting tattooed vary, as does the meaning behind the tattoo itself. What meaning do tattooed individuals' place on their tattoos? More specifically, as most research related to tattooing focuses on people under the age of 25 what meaning do people age 30 and over place on their tattoos? What purpose do these tattoos serve?

The purpose of this study is to explore the meaning behind tattoos for people over age 30, and to determine the motivational forces tattoos serve for these individuals. Recent literature has identified meanings that range from the urge to be fashionable, to separate oneself from others, or as a way to regulate negative emotional states (Stirn, Hinz & Brahler, (2005); Swami and Furnham, 2007; Anderson and Sansone, 2003). The study arises from the need for a clinical understanding of the functions tattoos serve for clients in a way that does not automatically assume deviance and pathology. By making meaning of a person's tattoos, discussion regarding their purpose can be brought into the therapeutic relationship as another way for the therapist to conceptualize and understand the client's identity. Allowing the individual to share their narratives regarding tattoos rather than having the clinician place their own interpretations, biases or other negative attributes upon them will contribute to clinical social work by offering an alternative strength based psychodynamic conceptualization of their tattooed clients.

CHAPTER II

Literature Review

An estimated 43% of Americans of typical college aged have one or more tattoos (Dickson, Dukes, Smith & Strapko, 2015). With numbers this high it is probable that, at some point in their careers, social workers will encounter a client who is tattooed. This study seeks to enhance the understanding of personal motivations and meaning making of the tattooed process for individuals over the age of 30. This study will be placed within the current literature regarding the wider idea of body modifications, defined as, “changes made to the body, either self-induced or by the hand of another, that result in permanent alterations visible to the unaided eye” (Albin, 2006, p. 20). Much of the literature discussing tattoos is contained within this broader category which also includes body piercing, tattoos and intentional scarification.

In order to establish the ritual of tattooing within the modern day experience, a brief review of the history of tattooing practices will be discussed followed by a discussion of tattoos within the current human experience. Next, a look at what the literature has determined are motivations for getting tattooed, and what these tattoos mean will be conducted. It is also important to explore the stigma that accompanies tattoos socially, as well as clinical implications and recommendations research suggests when faced with a tattooed client. Finally, the literature review will reveal strengths and limitations to the current research as well as a look at the diversity, or lack thereof, within the literature.

History of Tattoos

The word “tattoo” is an Anglicized version of the Polynesian word “tatau”, meaning “to mark” (Grumet, 1983, p. 483). Captain Cook is credited with bringing the practice, and the word for it, back from his voyages in the South Pacific. Birmingham, Mason and Grubin (1999) notes that many of Cook’s crew returned with tattoos inspired by those which they saw on the Polynesians during their voyage. Historically the presence of tattoos in “savage tribes” (Grumet, 1983, p. 482) varied geographically however, historians agree that tattoos always held a very specific meaning to each culture who participated in this ritual (Wholrab, Stahl, & Kappelar, 2006). The art of tattooing dates as far back at the seventh century B.C. (Birmingham et al., 1999) and is mentioned, and forbidden, in the Bible: Leviticus 19:28 “ye shall not make any cutting in your flesh for the dead, nor imprint any marks upon you.” (as cited in Grumet, 1983, p. 482). Bell (1999) noted that these tattoos, done by hand (rather than by a modern day machine) were “usually ornamental, ritual or identity-oriented in nature” (p. 54).

The Dayak people of Borneo believed in the ornamental power of tattoos. They thought the practice of tattooing “endowed them with the magical powers of protective spirits” (Dunkel, 1977 as cited in Karacaoglan, 2011, p. 93), as did the Ainu people of Japan who believed the tattoo ink was of divine providence (Kachelen 2004, as cited in Karacaoglan, 2011, p. 93). Moori tribes of New Zealand, sported facial tattoos, called “moko” which Bell (1999) explains:

Was a direct representation of identity, in that each family had a personal moko that was further personalized for individual family members. In this way, their moko was like a

signature which they actually used when signing documents; that is, instead of signing their names they drew their moko, which was a true representation of the self. (p. 53)

Japan has a long history of tattooing. At one-time warrior and the elite were the only Japanese people to be tattooed, and over time an entire style of tattooing, known as “Japanese style” emerged.

Tattoos and the Modern Human Experience

The number of men and women with tattoos has dramatically increased in North America, Europe and Japan since the beginning of the 20th century (Swami & Furnham, 2007), culminating in what has been dubbed the “tattoo renaissance” which took place in a thirty-year period spanning the 1970s to 1990s (Larsen, Patterson, & Markham, 2014). This artistic legitimacy tattoos received during this time period helped to change both the clientele of tattoo shops as well as the types of designs tattoo artists would give clients (Bell, 1999). As Grumet (1983) explains:

Dainty figures of animals, birds, butterflies, dragons and snakes are derived from the designs of the old master tattooists of Burma and Japan, while explicitly religious, sensuous, or patriotic themes (e.g. eagles, flags, hearts, unclothed women, etc.) came to be known as “American work”. (p. 483)

Historically in America tattoos have been common among those who use their bodies at work (loggers, construction workers, boxers, wrestlers), to signify group belonging (military men, seaman/dockworkers, punks, bikers) and other marginal people (circus freaks, prisoners, convicts) (Bell, 1999; Grumet, 1983; Swami & Furnham, 2007). However, since the end of the tattoo renaissance in the 1990s, tattoos have “ascend[ed] from being an esoteric cultural practice of marginal subcultures to one actively adopted by individuals from a mélange of social

backgrounds” (Atkinson, 2003, p. 33). The current popularity of tattoos is notably associated with celebrities, models, athletes and the American middle class (Bell, 1999).

The “American style” of tattooing refers to the image oriented, literal interpretations of most tattoos which stand alone on the skin as one complete image (a single image or one of many), unlike aboriginal tattoos which were highly symbolic and connected to all other images on the skin (Bell, 1999). This unique quality, according to Larsen et al. (2014), of American tattoos- “its imagery and literalness, is a product of [it’s] surface-oriented society” (p. 673). Although the literature notes a tattoo revolution took place at the end of the 20th century, Atkinson (2004) notes that “academic understandings of tattooing remain grounded in conceptions of ‘tattoo enthusiasts’ as social misfits” (p. 125). This attitude is highlighted by Jefferys (2000) who described tattooing as “a cultural practice...sought out by, and carried out on, groups who occupy despised social status, such as women, lesbians and gay men, and the disabled” (as cited in Swami & Furnham, 2007, p. 350) as acts of gender empowerment, self-definition and personal reclamation (Atkinson, 2002). Recent literature also describes modern day American tattooing as “still a ‘Freak Show’” (Bell, 1999 p. 58), “profane” (Karacaoglan, 2011, p. 93) “a badge of dislocated, ostracized and disenfranchised communities” (Atkinson, 2004, p. 126), and “the poor man’s coat of arms” (Grumet, 1983., p. 484). Yet Larsen et al. (2014) notes that the mainstreaming of tattoos and tattoo culture are now, more than at any other time in history, more likely to “invite unpredictable associations” (p. 671) rather than bind together those who choose to partake in the practice. While that may be true, the associations between tattoos and negative traits remain strong. The image heavy quality of modern tattoos still lends themselves to the ancient indigenous peoples’ ritual acts of symbolic meaning (Karacaoglan, 2011).

Motivations and Meaning Making

Much of the literature agrees that motivations for obtaining tattoos vary, as do the specific meaning these body modifications hold for those who wear them (Atkinson, 2003; Grumet, 1983; Roberti & Storch, 2005; Stirn, Oddo, Peregrinova, Sweatlana & Hinz, 2011; Wohlrab et al., 2006). A study of 432 subjects with body piercings and/or tattoos by Stirn et al. (2011) noted that 34% of participants with body modifications stated “special or personal reason” for the acquisition of such modifications, however the study lacked the acknowledgement of those specific individual reasons (p. 361). Karacaoglan (2011) summed up the dynamic between tattooed participants in large scale survey type studies and researchers by stating the following:

Pictures are the ideal medium for conveying hidden meanings. The image of the tattoo is visible on the skin, while at the same time, it’s multi-layered, intimately personal message can only be determined in context, and so its meaning remains obscured. (p. 93)

It is precisely because of this lack of motivation-and-meaning-in-context qualitative studies within the literature that this particular study is warranted.

Both the age at which one begins to acquire tattoos and the total number of tattoos and individual has contribute to the motivation and meaning these hold for individuals (Bell, 1999; Frederick & Bradley, 2000; Swami & Furnham, 20007). Motivations have been theorized to involve not just the permanent adornment of the body, but also the painful and time consuming acquisition of the tattoo as well as the financial investment (Aryan, 2006; Roberti & Storch, 2005; Swami & Furnham, 2007). In today’s ever expanding world of depersonalized interactions, tattoos are ways in which one can affirm their individuality, as “the appearance of

any permanent mark on the body is a sign to the mainstream culture of one's separation, whether one meant it as such or not, regardless of the chosen image" (Bell, 1999, p. 54).

The literature includes a long and varied list of categorical motivations for getting tattooed, which include: artistic expression, rebellion, adornment, to become more physically attractive, symbolic representations of the unconscious, fashion, personal narrative, tests of physical endurance, group commitment and affiliation, resistance to dominant culture, spiritual and cultural tradition, addiction, sexual pleasure and sensation seeking, subculture, fashion, friendship, love, protest against parents, emotional regulation, to shock others, expressions of emerging identity, self-distinction, role transition, expressions of commitment, religious and mystical experience, exhibitionism, imitation, compulsion, celebration, narcissism and sentimentality (Aizenmen & Jenson, 2007; Albin, 2006; Anderson & Sansone, 2003; Atkinson, 2002; Bell, 1999; Dickson et al., 2015; Frederick & Bradley, 2000; Karacaoglan, 2011; Stirn, Hinz & Braehler, 2006; Stirn et al., 2011; Wohlrab et al., 2006). Reasons related to identity formation are prominent in the literature, as many studies focused on the adolescent and emerging adulthood populations (ages 18-29) where self-definition and individualization are key psychologically developmental task (Dickson et al., 2015; Karacaoglan, 2011; Roberti & Storch, 2005; Stirn et al., 2011). There was a distinct hole in the literature regarding adults past the age of typical undergraduate student (25+) as well as studies which allow those individuals with tattoos to express their specific motivations and meanings to the researcher, rather than have the researcher deduce meaning through a quantitative survey comprised of pre-set categorical statements and questions. While the few case studies pertaining to motivations and meaning making of tattoos contained more individual and in depth discussions, the researchers were quick to interpret these themselves rather than allow the individual to address this topic themselves

(Albin, 2006; Anderson & Sansone, 2003; Grumet, 1983; Karacaoglan, 2011). While there is some agreement amongst varied literature that tattooing motivations are deeply personal and cannot be predicted, a review of the literature shows that researchers are more likely to project meaning on to a tattooed individual rather than allow them to define the act themselves (Atkinson, 2002; Atkinson, 2003; Bell, 1999; Dickson et al., 2015).

Stigma

Although tattoos are becoming more mainstream and visible in the general public, they continue to stigmatize those who are tattooed. In fact, the word “stigma” derives from the Greeks, who would mark both criminals and slaves with tattoos to mark their “less than” status that they were unable to hide (Larsen et al., 2014). Stigma is still very much prevalent in today’s society where statements such as “At first I thought, oh no what has she done to her body. Then I got to know her and find out her story and she is lovely” (Larsen et al., 2014, p. 677) evoking the idea that tattoos automatically disqualify the wearer from being a good person. While it is true that the act of tattooing is a disruption to the societal status quo, “not only does the individual have a subjective meaning, influenced by cultural dictates, but also the reader/observer makes interpretations influenced by these same dictates (Albin, 2006). An older gentleman who is heavily tattooed was asked about the reactions of his tattoos, “they mark me as a fool...I used to be young and stupid. Now I’m old and stupid” (Grumet, 1983, p. 488) It would seem as though the crux of the phenomenon surrounding the stigmatization of tattoos comes not from what the tattooed individual thinks of themselves, but how the “other” interprets and assigns qualities to these tattoos that then become personal attributes based on these judgements. As Bell (1999) notes, “the response to tattoos is still very strong and differs from culture to culture and city to

city. It takes a strong will and sense of self to withstand the blatant and piercing stares” (p. 56).

To further explain the stigma of tattoos, Larsen et al. (2014) writes:

Physical stigmas are those with which individuals are born, such as birth defects. In contrast, characterological stigmas are considered to be behavioral and the responsibility of the individual. Thus, tattooed individuals may not receive the same amount of sympathy nor necessarily the same reactions from “normal” as individuals with stigma connected to physical misfortune...As tattooing is a characterological stigma, tattooed individuals are seen to be responsible for their status, and therefore the sanctions imposed by “normal” may be perceived as perfectly legitimate. (p. 673)

Findings further support the claim that tattoos can influence and tarnish perceptions of the tattooed person (Albin, 2006; Bell, 1999; Larsen et al., 2014; Martin & Dula, 2010; Resenhoeft, Villa & Wiseman, 2008). The strong association between tattoos, criminal behavior or otherwise unconventional lifestyles continues to dominate in the literature (Atkinson, 2004). Larsen et al. (2014) notes that the longstanding “stigma of deviance” (p. 675) can be observed heavily in the current data. Even with the popularity of tattooing growing so quickly within society, “stereotypes about the personal lives and traits of the tattooed persist...[and] are often discordant with the individual’s meanings behind tattoos” (Martin & Dula, 2010, p. 200). Interestingly Larsen et al. (2014) noted that the subscription to deviance of tattoos can be influenced by the physical location of the individual, specifically the nonthreatening safety of a public library versus the sidewalks in a dangerous neighborhood. Not even prisons, where tattoos are sources of pride, escape stigma. “The difference between an inmate and a convict, is based on how covered with tattoos one is, this being a direct reflection on the acceptance of the convict lifestyle and lifelong marginalization” (Margo Demello, 1993 as cited in Bell, 1999, p. 55).

Specific studies of college students addressing the changes in perceptions towards people who have tattoos have reinforced this notion of stigma (Atkinson, 2002; Atkinson, 2004; Martin & Dula, 2010; Resenhoeft et al., 2008; Swami & Furnham, 2007). In Atkinson's (2002) study, "the present results suggest that women with tattoos were considered less physically attractive, more sexually promiscuous and heavier drinkers in comparison with untattooed women. Moreover, the strength of these associations became stronger with increasing number of tattoos" (p. 349). Another study by Resenhoeft, et al. (2008), using female models with and without tattoos found that those without tattoos "were rated more fashionable, more athletic, more attractive, more caring, more intelligent, less creative, more honest and more religious" (p. 594). One study went so far as to conclude that "acquiring tattoos can significantly jeopardize a women's femininity" (Atkinson, 2002, p. 221). Atkinson (2004) remarked that "social psychologists typically contend that a tattooed body is the manifestation of a mind fraught with disorder" (p. 127). Of the typical college aged students taking part in these studies, Martin & Dula (2010) made the interesting anecdotal observation:

That many tattooed college students choose to place tattoos on parts of their bodies they may easier cover up, indicating that many either subscribe to some level of tattoo stigmatization themselves and/or are acutely aware of and fear potential negative implications of being know by a superior to have tattoos. (p. 204)

A multitude of sweeping generalizations about individuals with tattoos, without evidence to back up these claims, dominates much of the literature. Much of the research assumes the stance of deviancy when discussing tattooed individuals. Likening tattooed individuals to a "freak show" and equating getting tattooed to binge drinking in college were just two of the ways in which Resenhoeft et al. (p. 2008) set the tone of their study. Tattoos were also commonly

referred to as acts of aggression, using words like “wounds” to describe them (Aryan, 2006; Karacaoglan, 2011). While many authors agreed with Frederick & Bradley (2000), who labeled the tattoo process as a maladaptive behavior, Grumet (1983) went so far as to christen it “a hallmark of teen delinquency...frequently appearing on individuals of lower socioeconomic background... [and of those with a] sense of reckless regard for the future” (p. 488). Stirn et al. (2006) found themselves surprised when looking for subjects for their study entitled “Motivations for Body Piercings and Tattoos-The Role of Sexual Abuse and the Frequency of Body Modifications” that they struggled to find participants. At the conclusion of their study they wrote “it was estimated that people using invasive techniques to modify their body would be relatively open to answering questions related to sexual abuse” (Stirn et al., 2011, p. 363), as if getting tattooed and being sexually abused were one in the same. “It seems that in keeping with tattooing in general, visible tattoos too are associated with undesirable personality traits and antisocial behavior... [and that] those with visible tattoos are more prone than their counterparts to other reckless and violent behaviors” (Birmingham et al., 1999, p. 694). Getting tattooed continues to be considered a hazardous activity, in which “these individuals [who get tattooed] are more impulsive and willing to take greater risks with their own health and safety” (Birmingham et al., 1999, p. 693). Adding to the baseless proclamation that “tattooing is significantly correlated with the perception of reduced mental health” (Stirn et al., 2006, p. 531) predictions of a high rate of personality disorder diagnoses was also common (Birmingham et al., 1999; Grumet, 1983).

However, “as tattooing becomes more widely accepted, it is no longer possible to maintain a view of body art as a sign of marginalization” (Swami & Furnham, 2007, p. 344) or mental health issues. While Birmingham et al. (1999) notes that “whilst prior contact with

psychiatric services was also significantly more common [for those with tattoos] no relationship existed between visible tattoos and lifetime DSM-IV mental disorder per se” (p. 687). All of these stigmatizations and stereotypes of the tattooed person persist in every aspect of their daily life. Thus it can easily be determined that tattoos play a significant role in the therapeutic relationship.

Tattoos in Clinical Conversation

There appears to be a discord to literature surrounding tattoos in the realm of the therapeutic process. If tattoos “speak symbolically to some narrative or story being told by a body that does not articulate, but still speaks” (Albin, 2006, p. 34), then “the current lack of consensus about tattoo-related stigma [results] in a greater need for people to interpret tattoos and determine their significance on an individual basis” (Larsen et al., 2014, p. 678). However, overwhelmingly tattoos are viewed as signs of psychological instability, poor mental health and interpreted by the observer rather than allow the wearer to be involved in the dissection of its meaning (Anderson & Sansone, 2003; Aryan, 2006; Favazza, 1996; Grumet, 1893; Karacaoglan, 2011; Roberti & Storch, 2005).

While Frederick et al. (2000) was quick to point out that the results of their study showed no difference in the psychological well-being of body modifying group versus the non-modified group, Roberti & Storch (2005) found that “individuals with body modifications reported more symptoms of depression and anxiety than individuals without body modifications” (p. 14). This disagreement found within the literature leaves much room for debate and interpretation of data. Contemporary tattoo culture is much more complex than historical stigma dictates, which requires clinicians “to consider a much broader range of attributes in drawing interpretations of tattoos” (Larsen et al., 2014, p. 678). Sadly, however when considering tattoos within the

therapeutic relationship, it is often the voice and judgements of the clinicians and researchers that are used to interpret these tattoos.

The descriptions of tattoo as a “morbid form of self-help” (Favazza, 1996, preface p. xix), a way to regulate acutely dysphoric affect states or resemble a hysterical symptom (Anderson & Sansone, 2003; Roberti & Storch, 2005) or that “one may ascribe an anti-psychotic function to the tattoo” (Karacaoglan, 2011, p. 22) are all ways in which the literature fails to allow the tattoo individual to express their own meaning and motivation to the tattoo process. A case study of Mr. B by Anderson & Sansone (2003) offers that “from a psychodynamic perspective, the tattoo may have functioned for Mr. B as an intentional self-harm behavior, akin to cutting, biting, scratching, punching, pinching, burning or stabbing oneself” (p. 317). Yet the results of Aizenman & Jenson’s (2007) study recognized that tattooing is a healthier form of body modification than self-injury, and that participants’ motivation for tattooing were unrelated to psychological distress or intolerable emotional states. Therefore, according to this study, tattooing should not be included in the category of self-harming behaviors. In fact, it was concluded that 91% of respondents to a survey found tattooing to be “an autonomous and positive behavior”. Allowing Aizenman & Jenson (2007) to concluded that “these behaviors should not be regarded as problematic” (p. 29). Nonetheless, significant academic data that leads to positive conclusions about tattoos or the people who have them are difficult to find.

This is, perhaps, due to the continued association of tattoos with marginal groups, antisocial actions and criminal behaviors which all have strong affiliations to increase mental health needs (Birmingham et al., 1999) and the confusion in the literature regarding outcomes of groups of tattooed of individuals. While one study had a clear outcome of higher prevalence of both anxiety and depression, another found no statistical significance (Roberti & Storch, 2005;

Stirn et al., 2006). Levels of psychotic disorders and schizophrenia were found to be related to visible tattoos in a study by Birmingham et al. (1999), yet Frederick et al. (2000) concluded its tattooed participants to be “well within the normal range of psychological functioning” (p. 380). Where one study concluded tattoos to be possible markers for suicide, another found tattooers to have lower depression scale scores than that of their non-tattooed peers (Frederick et al., 2000; Stirn et al., 2006). The inconsistencies in findings throughout the literature lead one to conclude that no conclusion has been made at all.

In 1990, Raspa and Cusak (as cited in Birmingham et al., 1999) wrote, “the evidence indicated that it is the mere presence of a tattoo, not its artistic content that correlated with certain diagnoses” (p. 688) leading the reader to believe that every person with a tattoo would fall within a certain diagnosis. Yet to many, tattoos are more than simple markers of psychiatric health. “In our own culture the tattoo can be viewed as a psychic crutch, aimed to repair a crippled self-image, inspire hope, keep noxious emotions at bay, and reduce the discrepancy between the individual and his aspirations” (Grumet, 1983, p. 491), of which not all would be considered negative. Some individuals “with a need for uniqueness and distinctive appearance investment may be more likely to have tattoos, and the resulting perception of uniqueness may serve to improve self-esteem” (Swami & Furnham, 2007, p. 344).

Without speaking directly to the tattooed individual in order to assess their motivations and meaning making, we lose an entire wealth of knowledge about the person we are quick to stereotype and judge based on ink pigment injected into their skin. “Working synergistically with a host of psychic defense mechanisms to allay anxiety and protect the ego...The tattoo is a pictorial quest for self-definition, easing one’s sense of inadequacy and isolation by saying ‘I know who I am, I belong’” (Grumet, 1983, p. 491). Because tattooing is such a deeply personal

act of self-expression, but not treating the tattoos themselves as part of one's biography we risk missing information that may be vital to the therapeutic relationship.

Summary

As noted in the above review, negative connotations and the “stigma of deviance” (Larsen et al., 2014, p. 675) are still very much prevalent within the literature as well as in the overarching views of individuals with tattoos in modern culture. Sweeping generalizations regarding tattooed individuals take place have the ability to exist in every facet of a tattooed persons' life, including within a clinical context. This study's purpose is to expand and build upon the current literature in order to better inform clinical social work's understanding of the individual experience of the tattooed person. The next chapter will present the methodology for this study.

CHAPTER III

Methodology

The purpose of this study is to explore the meaning behind getting tattoos for people over the age of 30, and to determine the motivational forces that led these individuals to get tattoos. This qualitative and exploratory study used individual interviews in order to obtain narrative data describing the motivations for tattoos. As Wohlrab, Stahl & Kappelar (2006) notes, “Motivational investigations are important to provide a basis for understanding why people modify their bodies and simultaneously contribute to the elimination of the outdated negative stigmatization of body modifications” (p. 88). The existing literature showed varied ways in which people with tattoos are stigmatized in ways that could potentially lead social workers to having a negative bias to those they serve who are tattooed. In order to address this potential bias, it was important to identify the meaning that motivated individuals to get tattoos.

Sample

Participants in this study were adults who have one or more large area tattoos that they acquired on or after their 30th birthday. Large area tattoos were defined as someone with 50% coverage by tattoos on any or all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc. A total of 10 individuals participated in this study.

Recruitment

Recruitment of participants for this study began once approval for this study was granted by the Smith College School for Social Work Human Subjects Review Committee. Recruitment used the non-probability sampling methods to find participants and used both convenience and snowball sampling techniques. Sampling was 'convenience' in nature since I reached out to networks of known individuals/location, since attempting random sampling methodology was not indicated for this qualitative study of such few individuals. 'Snowball' methods were also used, in which I asked individuals to identify others who may meet the criteria and be interested in participating. Participants learned about the study in the following ways: flyers were posted in tattoo shops in Massachusetts, Rhode Island, and New York; recruitment emails were sent to known individuals in which they were asked to send to others who had access to potential subjects who met the inclusions criteria. A brief summary of the study, inclusion criteria and contact information were noted on the flyer and in the recruitment emails.

Once potential participants contacted me using the information provided in the recruitment materials, I obtained phone contact information. During the initial phone call, I determined if they qualified for the study by asking if they were 30 years of age or older. I then clarified that, for the sake of this study, a large area tattoo was defined 50% coverage by tattoos on any or all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc. and asked if they had obtained a large scale tattoo on or after their thirtieth birthday.

Once participants qualified for the study and wished to continue, I covered the informed consent information and scheduled a time and interview medium (phone, Skype or in person) that was most comfortable and convenient for the participant. After the call ended, I followed up by sending the informed consent by email and encouraged participants to read it prior to our

scheduled interviewed and to email me to arrange a time to speak if they had any questions about this document. For interviews that took place in person, two copies of the informed consent were signed by both this researcher and the participant so that they were able to keep one for their records. Interviews that took place via Skype or phone were mailed copies of the informed consent through the USPS with a stamped envelope included in order for them to send back a signed copy. Contact with all subjects was made a second time in which interviews were conducted. All subjects were notified in writing (via informed consent) and in person (or via phone or Skype) had the option to not answer any specific questions asked, as well as to withdrawn completely from the study by notifying this researcher by email or phone by March 31, 2016.

Data Collection

Data was collected through semi-structured and open-end interviews. The format for the interviews included both pre-established questions in order to obtain demographic information and semi-structured open-ended questions about the experience participants had of the tattoo process starting at age 30. Interviews were audio recorded and written notes were taken during these interviews. Simple demographic information was collected, including general questions about a person's location, age and occupation, as well as specific questions regarding the age of their first tattoo and how much of their body area is covered with tattoos. Interview questions were designed to gain information about the research topic and can be found in *Appendix D: Interview Guide*.

Confidentiality

Participation in this study was not anonymous, given the interview-based nature of collecting responses. However, this researcher took several steps to protect the confidentiality of those who participated in the study in several ways. First, all interviews were conducted in a space that maximized privacy not matter which method was used. This researcher personally transcribed all interviews and kept all materials, both written and audio recorded, were kept in a locked location of which only this researcher had access to. Since many tattoos are drawn specifically for one particular client, the ability to identify and individual based on the tattoo(s) discussed was high if there was a description of that tattoo in the interviews. Therefore, to ensure confidentiality of the subjects, generalizing and aggregating information about the designs of the tattoo(s) and altering identifying details (such as the names or other wordage) was enacted. Furthermore, all identifying information was removed before sharing the data with the research advisor of this study.

Copies of signed informed consent documents, upon completion of the interview, were kept in a different file for the interview information in order to protect subjects' identities from specific interview information. All digital files pertaining to participant interviews were further protected by being stored on a password protected USB stick of which only this researcher had access to. Written materials were scanned and uploaded to this USB stick using a scanner only this researcher had access to, at which time the written materials were shredded and destroyed. All research materials have been uploaded and stored on this USB stick, where they will remain in a locked location only this researcher has access to for three years as required by Federal regulations, at which point they will be destroyed or in the event these materials will be needed

beyond three years, they will continue to be kept secure until no longer needed. The USB stick is also password protected and will remain so until destroyed.

Risks and Benefits of Participation

Given the highly personal nature of some subjects' tattoo(s), it was possible that participation in this study could cause some amount of distress. Participants were informed in the informed consent, as well as at the beginning of the interview that they could decline to answer any questions during the interview or end the interview for any reason at any time without recourse. Due to the breadth of geographical locations of the participants, a general list of telephone and online resources that could be accessed from different locations were given to all participants, in the event they may have wished to speak with someone regarding any uncomfortable feelings that may have arisen in the interview.

While no cash or 'gifts' were given for participation in this study, participants were given to lend their own experiences and motivations to a lacking body of literature on the subject. Findings may benefit the field of social work by broadening the understanding for clinicians who work with people who have tattoos about the functions that they serve for the client in a way that does not automatically assume deviance and pathology. Findings may also give therapists a new way to conceptualize and understand a client's identity. This could lead clinicians to encourage tattooed clients to share their narrative regarding their tattoos and hopefully allay clinicians' attitudes based on their own interpretations, biases or other negative attributes.

Data Analysis

Once all ten interviews were completed, transcribed and all identifying information was removed data analysis began. First, demographic information was noted and a general overview of the sample was obtained. This researcher then began to read through each interview to

determine if there were any themes within the participants' answers. These themes were then noted and arranged in such a way as to lend itself to the research questions and topics. Quotes were then compiled under these themes, as well as any keeping a tally on whether a participant made any remarks or allusions to topics that others had as well. Once these themes emerged, they were arranged in several different areas of interest, which will be discussed in the Findings Chapter that follows.

CHAPTER IV

Findings

This study consisted of 10 individuals who all fit the inclusion criteria of having large area tattoos (defined as someone with 50% coverage of tattoos on any and all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc.) and have gotten these tattoos at or after the age of 30. The chapter will begin with a brief overview of the demographic make-up of the sample and continue on to identify themes discovered during interviews. It will start with a look into the initial ideas regarding tattoos in general. The next the section will examine the progression of becoming heavily tattooed, comparing individuals who were initially tattooed as teenagers, with those who waited until a later age. Then a look at the motivations for large scale tattoos and the purpose these serve the individuals will be examined. The chapter will then move to the idea of how participants felt about their tattoos in terms of their identity, with specificity towards stigma management and considerations of others' perceptions of the individual. Finally, other findings of interest that emerged through the interviews will be presented.

Demographics of Sample

The sample was made up of four self-identified male and six self-identified female participants ranging in age from 32-64, located throughout the United States and Canada. All participants identified as white, with one identifying as White/Jewish and another as

White/Mexican. Occupations ran the gambit from staff at an Ivy League College to Ex-Army Special Forces turned psychology PhD. student; Retired Financial Planner to Stay-at-Home Mother. Half of the participants reported the age of their first tattoo to be before age 20, while the rest ranged from 29 to 50. Participants reported no less than 50% of their total tattoo coverage took place at age 30 or older, with four stating 85-100%. The most recent tattoo for the sample ranged from seven years to less than one year ago. All 10 participants stated they has plans to get tattooed again. None of the participants reported any other significant body modification. The ideas of tattoos as art, as well as the idea notion of the financial aspect of obtaining tattoos permeated throughout each interview, while four individuals noted that pain was a major factor in their tattoo decision.

Initial Ideas Regarding Tattoos

For the study participants, ideas regarding tattoos in general ranged from disgust (“I totally used to [think] that they were trashy, that they were for guys and all that”) to awe (“I remember being a kid and seeing pictures of like, carnival people or whatever that had lots of tattoos and I always thought that would be so cool to be able to do that”). Three individuals never felt they would ever actually get tattoos due to their permanent nature, either with placement or subject matter (“It was too much of a commitment”). A mother who was interviewed stated she had never considered the idea of getting a tattooed until she went with her daughter when she was 17 to get her first one. For many the allure of tattoos was purely aesthetic and they just liked the way they looked.

Becoming heavily tattooed

Beginning in adolescences. Half of the study participants began getting tattooed as teenagers, and findings show a lack of forethought in the process, as the idea of conformity to peers seemed to play a role. As one woman recalled, “At the age of 17 a lot of the group I was involved in had them and I felt like it was what I was supposed to be doing.” Another noted that her friends offered to pay and that was catalyst to her first tattoo. While not all participants admit the decision was impulsive, one did note that “while it wasn’t spur of the moment, it wasn’t incredibly thought out. I knew so many people that did tattoos for a living and I hung out at a tattoo shop, so when no one’s doing anything I just got tattooed.”

Another recalled the time as:

When I was 18 I was like “oh, I should get a tattoo so I can be cool”. I think it probably came from the nonconformist in me. Wanting to be different and stand out. Revolt against the machine and the man and my parents.

Tattooed at 30 and beyond. The reasons for the rest of the sample to begin their tattoo journey later in life vary greatly. Some chose practical reasons, such as not having enough disposable income to spend on a reputable artist. Others simply stated they didn’t really consider or want tattoos before age 30. The idea of the lifelong commitment was expressed as well, “I think the reason I waited is because I don’t know what I wanted and a big tattoo, you’re getting your whole back, isn’t something you do on a whim so that’s why I waited”. While others did not want to make the same mistake as their peers:

I know a lot of people that got tattoos right as they turned 18 and by the time they were 21 they had moved on from it. So I wanted to make sure it was something I would be happy with when I was old.

Another participant shared this sentiment, “I’m delighted that I didn’t get any tattoos at 18 because I think of my judgement as an 18-year-old, what I was into and what I would think is cool.” One woman discussed her disdain of the act of choosing a tattoo impulsively, summing it up with the statement, “I think once you are over the age of 30 you no longer have excuses for just doing it impulsively”.

Whereas another remarked, “An adolescent will just come pick something off the wall, [but] it’s gotta mean something and I think it’s like that for anyone whose older- I think for someone my age is more meaningful.”

For those who began their journey as adolescents, they look back on their experiences from an informed place of understanding of the process:

I spend more money now to get better stuff that I did when I was younger. I want them to look good now. I put some thought in to them and it’s drawn specifically for me [rather than a piece of flash off the wall].

Meaning seems to either grow or dissipate. Whereas an impulsive 18-year-old now states she places more importance on meaning as she’s aged, another laughs as she says, “if you had asked me at 20, I would have said ‘oh yeah, this symbolized *SO MUCH* and told you it means XYZ” but now, for her, it’s just a tattoo whose initial meaning has faded with time.

Motivations, Meanings and Purposes Served

While one participant denied his tattoos had meaning beyond esthetic (“I’m not a very sentimental guy”), every other study participant placed heavy significance on the specifics of their tattoos from stating “it’s what I wanted the world to show” to “it’s something I feel strongly enough to make a statement on my skin forever.” Themes of transformation, grieving, self-acceptance, and disguise were prevalent in the findings with positivity expressed by the entire

sample, “It’s like putting on an outfit that you think is actually cool and you feel good in, but it’s on all the time!”

One man spoke of getting his first tattoo at the time his marriage was ending. “I was so focused on being a husband and father that [getting heavily tattooed] was something I could do just for me. Sort of like my own kind of self-acceptance. My own journey.” Twenty years later, when asked if he has regrets about being close to 95% covered he offered:

When you have a lot of tattoos, you’re wearing your past. So it’s sort of a way that you have to accept your past and who you were at the time you got that specific tattoo and what it means to you and it’s like being at peace with it. Some people don’t get to wear their pasts literally on their arm, or on their leg or whatever, but I do. I can look at each one and it brings me back to who I was at the time. Where I was emotionally.

This idea of being able to reminisce when looking at your tattoos was echoed in many other interviews. One used the metaphor of a map to discuss her ability to see back through what she has done in life, and another likened them to a historical picture book. Much of the nostalgia described was for significant losses these individuals have suffered.

Memorializing people, place and events was a strong theme throughout the sample, with nine of the ten participants reporting at least one large tattoo serving this purpose. Of significant note was the back piece of a 34-year-old woman who admits:

The tattoo on my back was used as a method of therapy for grieving the death of my grandfather. When he passed it was very unexpected. There was no service. He donated his body to science, and so when he passed he was just taken to the university. I was never allowed to say goodbye to him. So when I got the tattoo on my back, it was weeks of planning, then it was a two-hour drive to the tattoo parlor, seven hours of work and

then a two-hour drive home. And this was my own version of a wake, a funeral and a grieving process that I did by myself.

When discussing his two largest tattoos, an ex-soldier described the moving tribute tattoo of army boots, helmet, dog tags and rifle that are displayed to recognize a fallen soldier:

The big one on my back I got as a memorial to a friend of mine that was killed in Afghanistan. I wasn't able to mourn him appropriately because when he died we weren't in the same unit. When we deploy and a guy dies there are memorial services and everybody gets together and grieves. But I was [somewhere else] when it happened....so I when I was [not with the company] I didn't have an opportunity to do a collective grieving process and so in a lot of ways that helped. The tattoo helped me grieve. I could put this on me when I couldn't put the emotions somewhere else.

It's not only people that get memorialized in tattoos. Others noted childhood homes, locations moved to and from, ancestry and heritage, pets, and personal milestones. Another theme that emerged was commemorating the ending of a significant romantic relationship:

I have one under my arm that was inspired by a broken heart, and it reminds me of that time. So I can look at it now and it reminds me of this death, this break up, where I was changing from one period of my life and entering into another.

For two women in the sample, self-acceptance was a very clear factor. One stated that self-esteem was her number one motivator for getting, and continuing to get, tattooed. Another was asked if they helped her in any way and she responded:

One thing that I think they did help me with is that I'm kind of on the bigger side, so I have chunky arms. And I was always pretty self-conscious about showing them, but since I got the sleeve done all I want to do is wear sleeveless shirts. People contemplating me

on the artwork, like getting really excited about it has taken away any issues that I've had- like, "Oh my God! Everybody's looking at how fat my arms are!" Now, [I don't think that].

Another woman also used tattoos to help her feel more comfortable with her skin being shown, but in a very different way. With a very significant history of self-harm, she uses tattoos in a practical way: to cover her scars in order to feel more comfortable with those parts of her body being visible. "I'd rather have people notice the tattoos rather than the scars."

However, it should be noted that no single participant in the sample discussed only one specific theme when asked about motivations and meaning behind their tattoos. Heavily tattooed individuals, at least in this sample, can have numerous themes and motivations that are different for every inch of their skin.

Findings of Interest

Within this sample there were some key findings that stuck out as separate areas of interest.

Of all the women interviewed, each discussed worrying about her ability to be taken seriously, or considered professional at her job. Of the men, only one (who was self-employed) had not taken mention of the preconceived idea of only getting tattooed in places that would be easily covered by a long shirt and long pants.

Another spoke about the idea of tattoos helping her feel grounded in her body. That by looking at the artistic expression on her skin, she is able to feel less "spacey and stuff".

Another interesting finding was in the discussion of a participant's newfound sobriety in relation to getting tattooed. While discussing the man's move from a city to a quieter ocean town he had this to say:

When I lived [in the city] I was in a lot of pain a lot of the time and it wasn't just physical. It was mental and emotional. I was a different person. And the fact is now too that I'm sober. I'm going on two years sober and that's changed a lot about how I am and how I look at things. I think that if I got tattooed again as a sober person it would be completely different from when I was drinking all the time and drunk three-four-five times a week. It would serve a completely different purpose. It would be more intentional in some ways. I guess that's kind of an interesting thing to think about for me. What do I really get, as a person who is sober? I think it would show up on my body as something completely different than anything that is already on me.

CHAPTER V

Discussion/Conclusion

The objective of this study was to explore the meaning behind tattoos for people over age 30, and to determine the motivational forces tattoos serve for those individuals. While some of the findings agreed with the literature, allowing individuals to express their own reasons for getting tattooed allowed for a deeper understanding of the varied and unique significance of the tattoo process for the individuals within the study's sample. This chapter will begin with a discussion in which I present a comparison of the key findings of the study with the previous literature. The chapter will wrap up with a set of conclusions, beginning with a discussion of the implications of the study on clinical social work practice. Next, the study's limitations will be explored. Finally, the chapter will conclude with recommendations for future research in the area of tattoos and the motivations and meaning behind them.

DISCUSSION

Key Findings: A Comparison with the Previous Literature

The individual catalyst for getting tattooed, along with the implication of being a heavily tattooed person were explored through the narratives of individuals with large area tattoos (defined as someone with 50% coverage of tattoos on any and all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc.) acquired on or after their 30th

birthday. This section explores the findings in relation to the previous literature and is divided between two subsections: Tattoos and the Modern Day Experience and Motivations

Tattoos and the Modern Day Experience

The results of this study agree with the idea introduced by Larsen, Patterson & Markham (2014) of the tattoo renaissance (1970s to the 1990s) which helped to legitimize the tattoo industry. All tattoos belonging to the individuals in this study were acquired during or after the tattoo renaissance, however it is worth noting that only two of the individual's interviewed were born before the renaissance began.

The scope of the current literature agreed with the idea expressed by Atkinson (2004) that the "academic understandings of tattooing remain grounded in conceptions of 'tattoo enthusiasts' as social misfits" (p. 125). However, the study did not support this. Instead those interviewed all held socially acceptable jobs and with no indications of anyone "occupy[ing a] despised social status" as described by Jefferys (2000, as cited in Swami & Furnham, 2007, p. 350). All individuals were gainfully employed, with one individual retired. At least half of the individuals were in stable long-term relationships and/or had children.

Motivation

When it comes to the motivations and meaning making individual's place on their tattoos, a review of the literature shows that researchers are more likely to project meaning on to a tattooed individual rather than allow them to define the act themselves (Atkinson, 2002; Atkinson, 2003; Bell, 1999; Dickson et al., 2015). By allowing the individuals to compose their own narrative regarding their tattoos, this study was able to extract the nuances of each individual's own tattoo experience. Of the multiple ways in which researchers categorize

motivations for getting tattooed, this study supported Stirn et al. (2011) in the idea of having “special or personal reasons” (p. 361) for getting body modifications.

Of the varied categorical reasons the literature included as motivational forces to get tattooed, several were supported by this study, including artistic impression (“...I got this tattoo because the artist is really good”), personal narrative (“...like a map of myself and where I’ve been and what I’ve been through”), expressions of emerging identity (“...this sounds strange because its 30 [years old], but more of a ‘coming of age’ sort of thing, just at a later date”) and sentimentality (“...the second one was my family house. Like a scene from my city and it was when we had started to think about selling the house”) (Bell, 1999; Wohlrab et al., 2006).

Findings were inconsistent with the ideas of compulsion, narcissism, protest against parents, to shock others, exhibitionism, addiction, sexual motivation, stigmata and the messiah complex, fetishism, re-enactment of trauma/re-victimization and tests of physical endurance (Bell, 1999; Frederick & Bradley, 2000; Karacaoglan, 2011; Stirn et al., (2011), Wohlrab et al., 2006). Of interest were the individuals who were tattooed for the first time as adolescents and the reported motivation of group commitment (“At the age of 17 [it] was more because a lot of the group that I was involved in had them and I felt like it was what I was supposed to be doing”) and rebellion (“I think [getting tattooed at 18] came from the nonconformist in me...revolt[ing] against the machine and the man, my parents”), that were missing from the stories of individuals who were tattooed for the first time after the age of 25. Motivations not noted in the previous literature, but were found in the narratives of this study were celebration of friendship (“My best friend at the time and I got matching tattoos. It’s sort of sad now because we aren’t close but I have that to look at and know he still loves me, and that he’s looking at his and feeling the same way. We are connected through them permanently”), boredom (“I hung out at a tattoo shop, so when no one’s

doing anything you just get tattooed”), familial connection (“I’ve given the choice to my children and to my sisters and to my family to pick what they would like to be on my body and I artistically represent it as I choose”), as part of a grieving process (“...the tattoo on my back was used as a method of therapy for grieving for the death of my grandfather”), coverage of self-injurious behavior (“I have a significant history of self-injury and a large part of them was practical to cover that...I feel like I would rather have people notice tattoos than notice scars”), reflection of identity (“I don’t think tattoos are the identity, I think the tattoos reflect the identity. But my identity isn’t based on the tattoos. They’re just one other thing that reinforces that identity”), transitional object (“I have my dog tattooed on my right hand, so when I’m away on vacation without him I can look at it and be reminded of him...and it will serve a greater purpose when he dies. I have one for my Mom and Dad, my brothers and sister and my niece and nephews which, I guess, serves in the same way”), situational reminders (“I feel like sometimes when I look at them I get brought back to the moment in which I got them”), hometown pride (“I’m from Massachusetts, so I have the Red Sox B logo, the Celtics shamrock and a colloquial saying on me...I got the B when I was living out West and was super homesick”), creative expression (“As someone who struggles with creative expression, especially in a traditional sense, it’s cool to have my body feel like a canvas”), emotional and physical connection (“I feel I’m someone who has trouble feeling grounded and I often feel spacey and stuff. And so I do feel grounded differently in my body through having them”), self-esteem (“Motivation would be self-esteem. Proving who you are. Showing who you are in public”), inclusion in the tattoo community (“...relating to other people that have body art. I feel like it makes me closer to that type of person than the type of person that doesn’t have them”), expression of interests (“...it’s mostly just stuff I’m a geek about”), musical and literary interests (“most of my tattoos have

words attached to them...music lyrics or literary quotes”), and finally, those that have no meaning at all (“I’ve got plenty of tattoos that I got because just because at the time it could have been that I just felt like getting tattooed and I got something that was funny in the moment or it was something that was just sort of thought of in the moment”).

CONCLUSIONS

Implications for Clinical Social Work Practice

While the findings of this study is based on a 10-person sample, they nonetheless may contribute important implications for clinical social work practice. As the research shows, there is a strong tendency for negative stigmatization of individuals with tattoos. Mental health professionals “typically contend that a tattooed body is the manifestation of a mind fraught with disorder” (Atkinson, 2004, p. 127).

Social workers are not exempt from the unconscious biases that exists when faced with a tattooed client, which include reduced mental health, reckless and violent behaviors, criminality and other traits that disqualify the individual from being a good person (Birmingham et al, 1999; Stirn et al., 2006). This study shows that tattoos do not always signify any type of deviant behavior, and instead can actually be a rich source of information within the clinical context. By engaging an individual in conversation regarding their experiences with their tattoos, a rich and deeply meaningful well of information can begin to be tapped. In fact, by projecting their own interpretations of tattoos on to a client, clinicians miss the opportunity to allow a client to act as expert of their own narrative. Clinicians should explore their own biases regarding tattoos and continuously extend their stance of unknowing to tattooed clients in order to better understand the relationship between the client and their tattoos.

Limitations

This study aimed to identify the meaning behind getting tattoos for people over the age of 30, and to determine the motivational forces that led these individuals to get tattooed. The sample consisted of 10 adults over the age of 30, who have one or more large area tattoos that they acquired on or after their 30th birthday. Large areas tattoos were defined as someone with 50% coverage by tattoos on any or all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc. There are several limitations to this study.

Generalizability of this study cannot be assumed, due to the size of the sample. Recruitment measures allowed for a diverse sample in terms of participant location, however the sample lacked racial or ethnic diversity. Since the researcher in this study is heavily tattooed and over the age of 30, association bias may be a factor in the outcome of this study. Participants may have identified with the researcher, which may have led them to answer questions in a specific way that may have differed if they were being interviewed by someone who was not heavily tattooed. Because the researcher designed the interview questions, some amount of bias is likely to exist. Individuals contacted the researcher to participate in the study, so it is likely that there was some level of comfort and positivity in discussing their motivations.

Reliability of measure and validity must be considered. While the open-ended interview questions aimed to determine the motivations and meaning making of individuals' tattoos, for individuals who are heavily tattooed it was difficult to discuss specific tattoos simply because there were so many. It is most likely difficult for individuals with so many tattoos to be able to speak in general terms about them, as opposed to someone who has less, and can easily distinguish between each of them. Because many of the interviews took place over the phone, individuals were left to self-identify as having large tattoos as the researcher did not see them in

person. Furthermore, individuals had a difficult time calculating the percentage of tattoos they acquired on or after the age of 30, instead often counting the number, which made it difficult for the researcher to calculate.

Recommendations for Future Research

Due to the small size of this study's sample, future research should aim to include a much greater number of individuals. Time limitation was a factor in the sample size, therefore it may be beneficial to spend a greater amount of time finding participants. Clarification of the inclusion criteria should be considered, as it was confusing to some potential participants as to whether or not they fit the definition of having a large area tattoo. While interviews taking place over the phone may have helped to reduce interview anxiety, the researcher was unable to view specific tattoos as the individual spoke about them which led to some difficulty in addressing salient themes regarding the tattoos themselves.

Half of the sample had experienced their first tattoo before the age of 30. These interviews led to an interesting discussion of the differences between the experiences pertaining to the age of acquisition, and would be an interesting topic to explore on its own. There seemed to also be a disconnect of the meaning of the tattoo when it was new, versus the meaning the individual placed on it at the time of the interview. A longitudinal study taking place at the time the individual is tattooed, or as close to it as possible, and years later may help to inform the literature regarding the changes in a tattooed person's perception of their specific tattoos.

As was mentioned in the *Finding of Interest*, only the women participating in this study discussed worries about being taken seriously or considered whether their tattoos made them look less professional than their non-tattooed counterparts. A study focusing on this potential phenomenon may lead to an interesting gender-related difference in experience. Due to the lack

of literature allowing for personal narratives and interpretations of individual tattoos, future research should be designed to allow for this as much as possible.

Closing Comments

Regardless of the specific motivations for getting tattooed, individuals interviewed for this study all report being without regret for modifying their bodies. By adopting a stance of not knowing, rather than projecting conscious or unconscious biases onto the individuals they serve with tattoos, social workers may find an alternative way to gain important insight into the rich inner lives of their tattooed clients. This study shows that, for some, the prevailing stigmatization of tattooed individuals is not only unwarranted and false, but may unnecessarily lead a clinician to conclude overly negative assumptions of their clients which have the ability to interfere with the clinical relationship. Therefore, this study proves that, in the discussion regarding meaning and motivation of tattoos, it would behoove clinicians to allow individuals to educate them on their specific tattoos rather than allow unspoken pathological interpretations to dominate the professional discourse regarding tattoos for individuals over the age of 30.

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Appendix A:

Recruitment Flyer

Over 30 and tattooed?

I'd like to talk to you!

I am graduate student at Smith College School for Social Work, working on my master's thesis about the reason that people over 30 chose to get large scale tattoos. By large scale I mean 50% coverage by tattoos on any or all parts of the body including arms, torso or legs, neck, face, hands, throat, etc. Interviews can take place in person or via Skype and will take no more than 1 hour.

Please email me at: xxxx@smith.edu for more information or to schedule an interview. Thank you in advanced and I look forward to speaking with you.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix B:

Recruitment Email

I am working on my master's in social work (MSW) thesis from the Smith College School for Social Work and seek study participants. I want to learn from people who are over 30 and have large scale tattoos (50% coverage on any or all parts of the body) about why they got tattooed, and the meaning tattoos have to them. If you are not a close personal friend of mine and are interested in contacting me to learn more about the study, please contact me at the contact information below. If you ARE a close personal friend of mine, I ask that you pass my contact information along to people you know who might be willing to speak with me. I will be conducting interviews in person, on the phone or via Skype. Interviews will take no more than 1 hour. I can be reached by email at xxxx@smith.edu. Thank you for your help!

Margaret Feeney

Email: xxxx@smith.edu

Talk or Text: (XXX)XXX-XXXX

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix C:

Informed Consent



2015-2016
Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA

.....

Title of Study: In Their Skin: A Discourse on the Modern Tattoo Experience for Adults Aged Thirty and Over

Investigator(s): Margaret Feeney xxxx@smith.edu

.....

Introduction

- You are being asked to be in a research study about the motivation and meaning for people who are over the age of 30 and tattooed.
- You were selected as a possible participant because you have at least one large area tattoos (defined as someone with 50% coverage by tattoos on any or all parts of the body, including such areas as arms, torso or legs, neck, face, hands, throat, etc.), and have obtained the tattoo(s) at or after the age of 30.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to determine motivational forces that lead individuals over the age of 30 to get tattooed.
- This study is being conducted as a research requirement for my master's in social work degree at Smith College School for Social Work. Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

If you agree to be in this study, you will be asked to do the following things: Be interviewed by the researcher in person, by phone or via Skype. Interviews will last approximately 1 hour.

Risks/Discomforts of Being in this Study

- The study has the following risks. First, it is possible that you could become distressed speaking about your motivations and tattoo meanings. You may decline to answer any questions, or end the interview for any reason at any time. If you need further support due to feelings that arise due to your participation in this study I have included a list of resources you can use to access counselors online, by telephone or by text.

Benefits of Being in the Study

- The benefits of participation are talking about motivations for getting a tattoo, many of which are positive.
- The benefits to social work/society are: this study may broaden the understanding of clinicians who work with people who have tattoos about the functions that tattoos serve for clients. This could lead clinicians to encourage tattooed clients to share their narratives regarding tattoos.

Confidentiality

- Your participation will be kept confidential. In person interviews will take place in a private, quiet area that allows for uninterrupted conversation and is comfortable and convenient for you. If you choose to be interviewed via Skype or by phone, a mutually agreed upon time that is convenient for you will be determined. Interviews conducted by phone or Skype will only be conducted if both you and I are able to maintain an uninterrupted and private conversation for the duration of the call. In addition, the records of this study will be kept strictly confidential. Participant responses will be audio recorded and written notes will be taken during interviews. All audio recordings will be transcribed by this researcher at the completions of individual interviews. All files pertaining to participant interviews will be stored on a password protected USB stick of which only the researcher will have access to. All written materials will be scanned and uploaded to the USB stick and stored. Original written materials will then be shredded and destroyed. Upon completion of the federally regulated time frame of 3 years, the USB stick will be deleted and destroyed.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by March 31, 2016. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Margaret Feeney at xxxx@smith.edu or by telephone at (XXX)XXX-XXXX. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional issues related to your participation in this study.

.....
Name of Participant (print): _____

Signature of Participant: I have reviewed this document and agree to participate in this study

_____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Appendix D:

Interview Guide

Demographic Information

Age:

Gender Identity:

Race/ethnicity:

Occupation:

Location:

Age of first tattoo:

Age of most recent tattoo:

Location on body of tattoos:

Percentage of tattoos acquired at age 30 and above:

Other body modifications (such as piercings, brandings, implants, gaging, purposeful scarring, elective plastic surgery)?

Interview Guide

Tell me about the process of getting your tattoo.

Include such things as:

What age were you when you got it?

What motivated you to get a tattoo?

Why do you think you waited until you were 30 + to get a tattoo?

Have your notions about having a tattoo changed over time?

Did you have any concerns/questions/reluctance to get a tattoo?

How did you reconcile these?

Appendix E:
HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 27, 2016

Margaret Feeney

Dear Margaret,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett'.

Marsha Kline Pruett, Ph.D.
Co-Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor